

Date received \_\_\_\_\_



**The Village of Arlington Heights**  
 33 South Arlington Heights Road  
 Arlington Heights, Illinois 60005

**Application for a NEW Retail Liquor Dealer's License**

Provision of the Liquor License Application is NO assurance that a liquor license will be granted. A liquor license is NOT transferable.

See Chapter 13, [Municipal Code Chapter 13: Alcoholic Liquor Dealers \(vah.com\)](http://vah.com) for definitions, requirements and restrictions of each Class.

\_\_\_\_\_ **Print Name and Title** of individual who is authorized to sign application for the Business Entity

\_\_\_\_\_ (Print) Business Entity

\_\_\_\_\_ (Print) Establishment Name (doing business as)

Hereby makes application for a Class \_\_\_\_\_ License, for the above titled year and tenders the sum of \$ \_\_\_\_\_; the annual fee for said license.

**Please check the box for the liquor license you will be applying for:**

FOOD SERVICE LICENSE			SPECIALTY LICENSE			PACKAGE LICENSE		
CLASS	AMOUNT	CHECK BOX	CLASS	AMOUNT	CHECK BOX	CLASS	AMOUNT	CHECK BOX
CLASS A	\$3,800		CLASS C	\$650		CLASS B	\$3,700	
CLASS A Supplemental	\$650		CLASS DD	\$4,600		CLASS BB	\$2,700	
CLASS AA	\$4,600		CLASS F	SEE CHAP. 13-501, V(J)		CLASS B/BB Supplemental	\$650	
CLASS AA Supplemental	\$200		CLASS G	\$4,600		CLASS O	\$1,400	
CLASS E	\$2,700		CLASS H	\$650		CLASS N HOTEL RETAIL	\$1,000	
			CLASS I	\$3,000		CLASS N HOTEL IN-ROOM	\$1,000	
			CLASS K	\$1,400		CLASS N HOTEL BOTH	\$1,400	
			CLASS L	\$4,600		CLASS T	NO FEE	
			CLASS M	\$3,000				
			CLASS P	\$2,200				
			CLASS P1	\$650				

Is this a publicly traded company: Yes \_\_\_\_\_ No \_\_\_\_\_

1. APPLICANT				
A. Business Entity Name:		B. Doing Business As: (establishment name)		
C. Business Entity Address, City, State, Zip:				
D. Business Entity Phone #:		E. Email Address:		
G. Registered Agent:	Address, City, State, Zip:		Phone #:	

**2. BUSINESS STRUCTURE**

Check applicable box below which corresponds to your business' official papers filed with the Office of the Secretary of State (only choose ONE).

- A.  Sole Proprietorship      Date Filed with County Clerk: \_\_\_\_\_
- B.  Partnership                      Date of Formation: \_\_\_\_\_
- C.  Illinois Corporation              Date of Incorporation: \_\_\_\_\_
- D.  Foreign Corporation              State of Incorporation: \_\_\_\_\_
- Date qualified to do business in Illinois: \_\_\_\_\_
- E.  Limited Liability Company      Date Formed: \_\_\_\_\_

Purpose or Character of Business: \_\_\_\_\_

**3. OWNERSHIP INFORMATION**

Pursuant to the Arlington Heights Municipal Code, Sections 13-203, 301, and 302 the Village requires personal information for certain parties of the applicant. Please provide principal, partner, officer, shareholder, director, member, and manager (if an LLC) information in accordance with your business structure selected in Question 2.

NOTE: Any interested party holding a managerial role in the applicant's place of business, and any person holding an aggregate amount of 5% or more interest in the business entity will be subject to the restrictions on licenses pursuant to the Arlington Heights Municipal Code.

3-1.

Name (First, Middle Initial, Last)	Home Address		City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:			If Applicable, Place of Naturalization and Date:		

3-2.

Name (First, Middle Initial, Last)	Home Address		City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:			If Applicable, Place of Naturalization and Date:		

Ownership Information, continued:

3-3.

Name (First, Middle Initial, Last)	Home Address	City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:		If Applicable, Place of Naturalization and Date:		

3-4.

Name (First, Middle Initial, Last)	Home Address	City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:		If Applicable, Place of Naturalization and Date:		

3-5.

Name (First, Middle Initial, Last)	Home Address	City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:		If Applicable, Place of Naturalization and Date:		

3-6.

Name (First, Middle Initial, Last)	Home Address	City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:		If Applicable, Place of Naturalization and Date:		

3-7.

Name (First, Middle Initial, Last)	Home Address	City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:		If Applicable, Place of Naturalization and Date:		

3-8.

Name (First, Middle Initial, Last)	Home Address	City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:		If Applicable, Place of Naturalization and Date:		

**4. BUSINESS ESTABLISHMENT LOCATION**

Address:	Arlington Heights, IL	Zip Code:	Phone #:			
What major streets/intersections is your business near?						
Has this location held a liquor license before? Yes ( ) No ( )		If yes, list type of liquor license:				
Is the establishment open for business? Yes ( ) <b>or</b> list anticipated opening date:						
Has a business license been applied for? Yes ( ) No ( ) Will Apply ( )						
<b>Hours of Operation for Liquor Sales:</b> (check Section 13-503 for <b>ALLOWED</b> hours)						
MON	TUES	WED	THURS	FRI	SAT	SUN
<b>Ownership/Use of Location:</b>						
<u>Owned</u> ( ) Provide Proof of Ownership (e.g. title policy, deed)						
<u>Leased</u> ( ) Provide copy of <u>signed lease</u> for full period of license						
Date Lease Expires: _____						
*Please note: Any sublease arrangement must have landlord's approval. Please provide a signed letter from the landlord stating approval.						
<b>Landlord:</b>		Contact Person:		Phone #:		
Address, City, State, Zip:						

**5. MANAGER INFORMATION** (This is the person(s) who will be responsible for the on-site management of the establishment)

**On-Site Manager(s) Information:**

1) Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

A. Does your manager possess the qualifications required to obtain State and Local Licenses to operate an alcoholic business? Yes ( ) No ( )

B. Does your manager have a BASSET card? Yes ( ) No ( ) Applying ( )  
(Please note: A copy of the manager's BASSET card must be on file with the Village Manager's Office)

C. I understand that as new managers are employed, they must be fingerprinted and submit a copy of their BASSET card. Yes ( ) No ( )

6. I understand Dram Shop Insurance **MUST** be provided prior to opening the location for business and that the insurance shall remain in force during the period for which

the license is issued. The evidence of insurance shall also provide that the insurance company shall give at least 10 days notice to the Village prior to any cancellation. In addition, the **Village of Arlington Heights, IL** must be listed as a Certificate Holder and there must be a coverage limit for liquor liability of **not less than \$1,000,000 per occurrence**.  
Yes ( ) No ( )

7. I acknowledge the requirement of BASSET certification, as detailed in Chapter 13 Article II, Section 204 of the Municipal Code, within the time period specified by the ordinance. In addition, I understand that copies of BASSET certificates for all employees must be kept on file at the place of business. Yes ( ) No ( )

8. Has **any principal, partner, officer, member, manager, or employee of the business** entity given management duties ever:

A. Been **convicted** of a Felony or Misdemeanor (as described in Section 13-301)?  
Yes ( ) No ( )

B. Been **convicted** of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or forfeited their bond for failure to appear in court to answer charges for any such violation?  
Yes ( ) No ( )

C. Had a liquor license revoked or suspended? Yes ( ) No ( )

D. Been denied a liquor license from any jurisdiction? Yes ( ) No ( )

E. Been involved with a liquor violation at **any** Local or State level?  
Yes ( ) No ( )

F. Been delinquent in the payment of **any** Local or State business taxes (sales, food & beverage, withholding, etc.)? Yes ( ) No ( )

G. Held any law enforcement office or a position as an elected or appointed public official? Yes ( ) No ( )

H. Been issued a Federal Gaming Device Stamp? Yes ( ) No ( )

I. Been issued a Federal Wagering Stamp? Yes ( ) No ( )

J. Been convicted of a gambling offense? Yes ( ) No ( )

K. Been convicted of being the keeper of, or is keeping, a house of ill-fame?  
Yes ( ) No ( )

L. Been convicted of pandering or other crime or misdemeanor opposed to decency and morality? Yes ( ) No ( )

If answered yes to any questions from above, please explain:

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9. Are you eligible to receive a State retail liquor license? Yes ( ) No ( )

10. Is your business entity valid and in good standing with the State of IL?

Yes ( ) No ( )

11. Are you familiar with and do you possess copies of the Liquor Control Laws of the Village of Arlington Heights and the State of Illinois? Yes ( ) No ( )

12. Are you **disqualified** to receive a license for any reason by this ordinance, the State of Illinois or other ordinances of this Village? Yes ( ) No ( )

13. Do you agree to abide by all laws of the State of Illinois, the United States of America, and by all ordinances, regulations and laws established by the Village of Arlington Heights in the conduct of your place of business? Yes ( ) No ( )

14. I acknowledge the requirement to provide 30 days written notice to the Village prior to any individual seeking to acquire 5% or more of the stock of a corporation or the same minimum percentage shares of ownership in an LLC. I also understand that each person seeking to acquire 5% or more shall comply with the provisions of Section 13-203 as though that person were applying for a license as an individual. Yes ( ) No ( )

15. I understand that if any information submitted in this application should change during the term of the liquor license, I am required to notify the Village of Arlington Heights Liquor Control Commissioner and submit an amended application containing the new information. Yes ( ) No ( )

16. I understand that no liquor license shall be issued for the sale at retail of any alcoholic liquor within 100 feet of any church, school, hospital, home for the aged or indigent persons or for veterans, their spouses or children or any military or navy stations; provided that this prohibition shall not apply to hotels offering restaurant service, regularly organized clubs, or to restaurants, food shops or other places where the sale of alcoholic liquors is not the principal business carried on, if such place of business exempted has been established for such purposes prior to the taking effect of this article. Yes ( ) No ( )

17. a. Do you or any person holding an aggregate amount of 5% or more interest in the business entity **currently** hold a liquor license in another jurisdiction?

Yes ( ) No ( ) If answer to question above is "Yes", provide names of the establishments, complete addresses, and dates of ownership.

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b. Has a liquor license been **previously issued** to any establishment you or any person holding an aggregate amount of 5% or more interest in the business entity have interest in?

Yes ( ) No ( ) If answer to question above is "Yes", provide names of the establishments, complete addresses, and dates of ownership.

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**AFFIDAVIT**

I, the undersigned, hereby swear and affirm that I am the applicant for the license requested in the foregoing application, that I am of good repute, character and standing and that the answers to questions asked in the foregoing application are true and correct. I further state that I have read and understand the provisions of the Arlington Heights Municipal Code relating to the sale and delivery of alcoholic beverages and that I agree not to violate any of the laws of the State of Illinois, the United States of America, or the ordinances of the Village of Arlington Heights in conducting my/our business.

**I further understand that any untrue, incorrect, or misleading information provided in this application is sufficient cause for the refusal to grant any license or the revocation of any license granted in response to this application.**

I further give my permission to the Village of Arlington Heights or any agency of the Village to check with any agency or individual named or referred to in this application to verify or clarify any information I have provided in this application.

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Signature of Applicant

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Print Name

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Title

**PLEASE SAVE THIS DOCUMENT AS A PDF AND ATTACH TO YOUR APPLICATION.**